

EXHIBIT COVER PAGE

2

EXHIBIT

DESCRIPTION OF THIS EXHIBIT:

NUMBER OF PAGES TO THIS EXHIBIT: _____ PAGES.

JURISDICTION: (Check only one)

- ☐ CDCR Administrative Appeal
- ☐ California Victim Compensation
And Government Claims Board
- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme
- ☐ United States District Court
- ☐ United States Circuit Court
- ☐ United States Supreme Court

778798

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME _____ CDC NUMBER _____ HOUSING _____

PATIENT SIGNATURE _____ DATE _____

REASON YOU ARE REQUESTING HEALTH CARE SERVICES: (Describe Your Health Problem And How Long You Have Had the Problem)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 9, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations Title 15 Div 3, has also been changed because of this law.

With some exceptions **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribe medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

an emergency

a communicable disease (such as HIV, AIDS, and TB);

mental health services;

follow up health care services recommended by a doctor, nurse, or dentist;

health care services necessary to comply with State law and regulations (e.g., annual TB testing);

reception center screening and evaluation;

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME L. H. [unclear] CDC NUMBER C62316 HOUSING 111 LPATIENT SIGNATURE [Signature] DATE 10-27-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem)

I have been having pain in my back for about 2 weeks. It is a sharp pain that comes and goes. I have tried taking painkillers but they don't seem to help. I am also having trouble sleeping and my appetite is poor.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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On July 9, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div 3, has also been changed because of this law.

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YOU WILL NOT BE CHARGED for health care visits that are for:

- an emergency.

- a communicable disease (such as HIV, AIDS, and TB).

- mental health services.

- follow up health care services recommended by a doctor, nurse, or dentist.

- health care services necessary to comply with State law and regulations (e.g., annual TB testing).

- reception center screening and evaluation.

- inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.**If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.*REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME *L. J. J.* CDC NUMBER *482576* HOUSING *11111*PATIENT SIGNATURE *[Signature]* DATE *10-27-08*

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2**IMPORTANT INFORMATION ABOUT YOUR
HEALTH CARE VISIT****WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?**

On July 9, 1994, a California law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15 D.V. 3, has also been changed because of this law.

With some exceptions, **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by representative health care inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. This means if you request mental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for the visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

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an emergency

a communicable disease (such as HIV, AIDS, and TB)

mental health services

follow up health care services recommended by a doctor, nurse, or dentist

health care services necessary to comply with State law and regulations (e.g., women TB testing)

reception center screening and evaluation

inpatient services, extended care, or skilled nursing services

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME LAWG CDC NUMBER 082516 HOUSING Box 1-1-11

PATIENT SIGNATURE [Signature] DATE 10-29-07

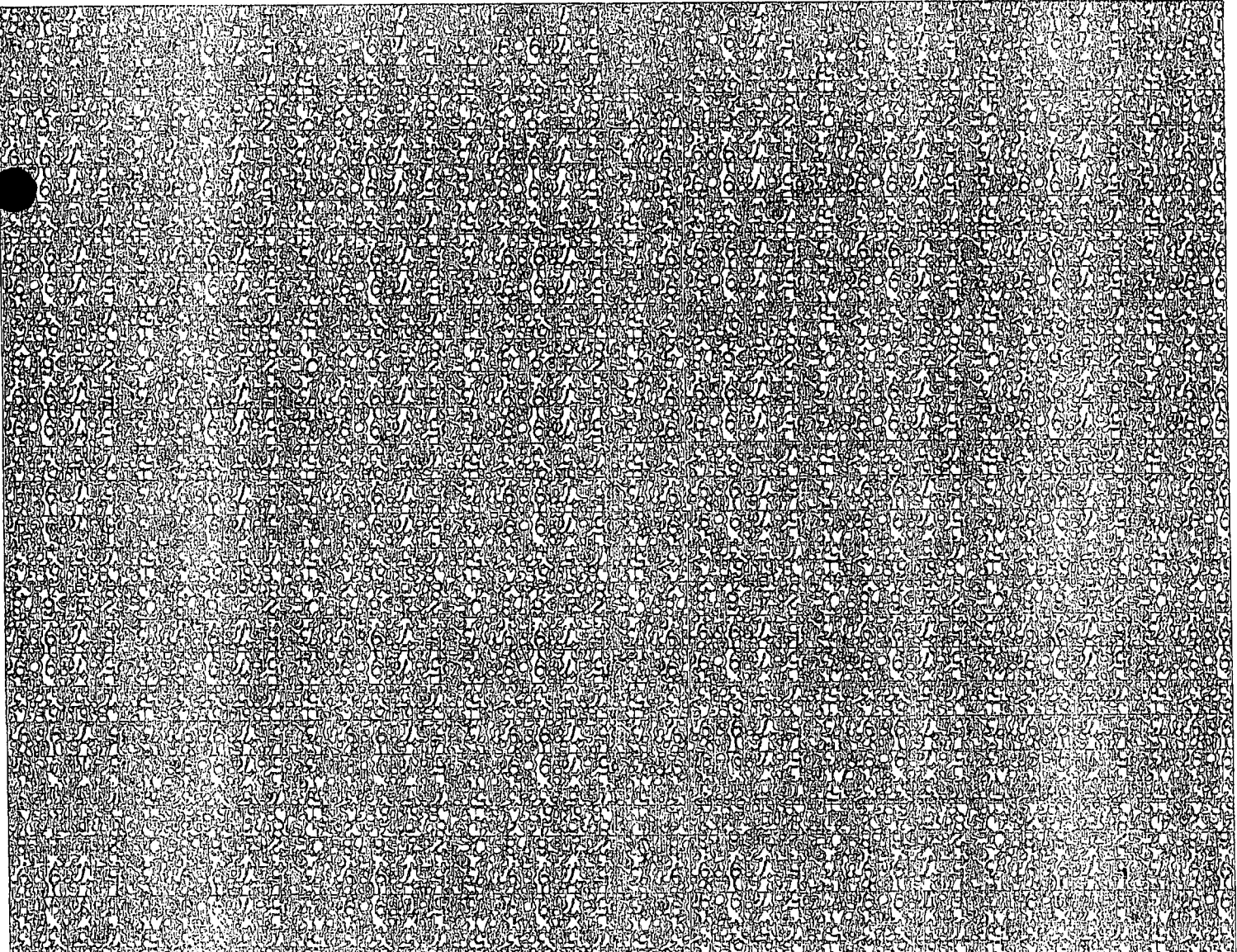
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I have had a low back pain since 10-15-07 and 10-20-07 and request for treatment for the pain in my lower back and hip. I also have a lump in my back and there has been some blood.

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PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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an emergency.

a communicable disease (such as HIV, AIDS, and TB)

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

816797

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME _____ CDC NUMBER _____ HOUSING _____

PATIENT SIGNATURE _____ DATE 11-5-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem) _____

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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With some exceptions, **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescription medicines, laboratory tests, and referrals to other doctors.

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an emergency.

a communicable disease (such as HIV, AIDS, and TB).

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.**If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.*REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME *L. A. G.* CDC NUMBER *50256* HOUSING *51-1116*PATIENT SIGNATURE *[Signature]* DATE *11-9-07*

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I have been having trouble with my back for a long time. It started about 6 months ago. I have been to the doctor and he has given me painkillers. But they don't work. I am in a lot of pain. I need to see a doctor to get my back checked out. I have been to the doctor but they haven't done anything. I need to see a doctor to get my back checked out.

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PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST

CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 9, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div 2, has also been changed because of this law.

With some exceptions, YOU WILL BE CHARGED a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each visit with each doctor. This means if you request dental services and medical services, you will be charged for two visits with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

an emergency.

a communicable disease (such as HIV, AIDS, and TB).

mental health services

follow up health care services recommended by a doctor, nurse, or dentist

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME _____ CDC NUMBER _____ HOUSING _____

PATIENT SIGNATURE _____ DATE _____

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem) _____

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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On July 9, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div 3, has also been changed because of this law.

With some exceptions, **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

an emergency.

a communicable disease (such as HIV, AIDS, and TB).

mental health services

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

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With some exceptions, YOU WILL BE CHARGED a fee called a copayment fee for a health care visit that you request. This includes requests made for you by repair, mental staff, clinic, hospital, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 60 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

- an emergency.
- a communicable disease (such as HIV, AIDS, and TB).
- mental health services.
- follow up health care services recommended by a doctor, nurse, or dentist.
- health care services necessary to comply with State law and regulations (e.g., annual TB testing).
- reception center screening and evaluation.
- inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME L. J. D. CDC NUMBER 562316 HOUSING F1-1-11 L. 10

PATIENT SIGNATURE [Signature] DATE 11-1-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) As of about 1-9-08 I reported to the medical unit that I had been having chest pain and shortness of breath. I was told to go to the infirmary and they gave me a chest X-ray and a heart rate monitor. The chest X-ray showed a clear lung field and the heart rate monitor showed a normal heart rate. I was told to go back to my cell and rest. I have been having chest pain and shortness of breath ever since. I am now having chest pain and shortness of breath again. I am now having chest pain and shortness of breath again. I am now having chest pain and shortness of breath again.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 3, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div 3, has also been changed because of this law.

With some exceptions, **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by experimental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

an emergency

a communicable disease (such as HIV, AIDS, and TB).

mental health services

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

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HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: LANG, D. J. CDC NUMBER: C82516 HOUSING: B-1-111

PATIENT SIGNATURE: [Signature] DATE: 3-29-08

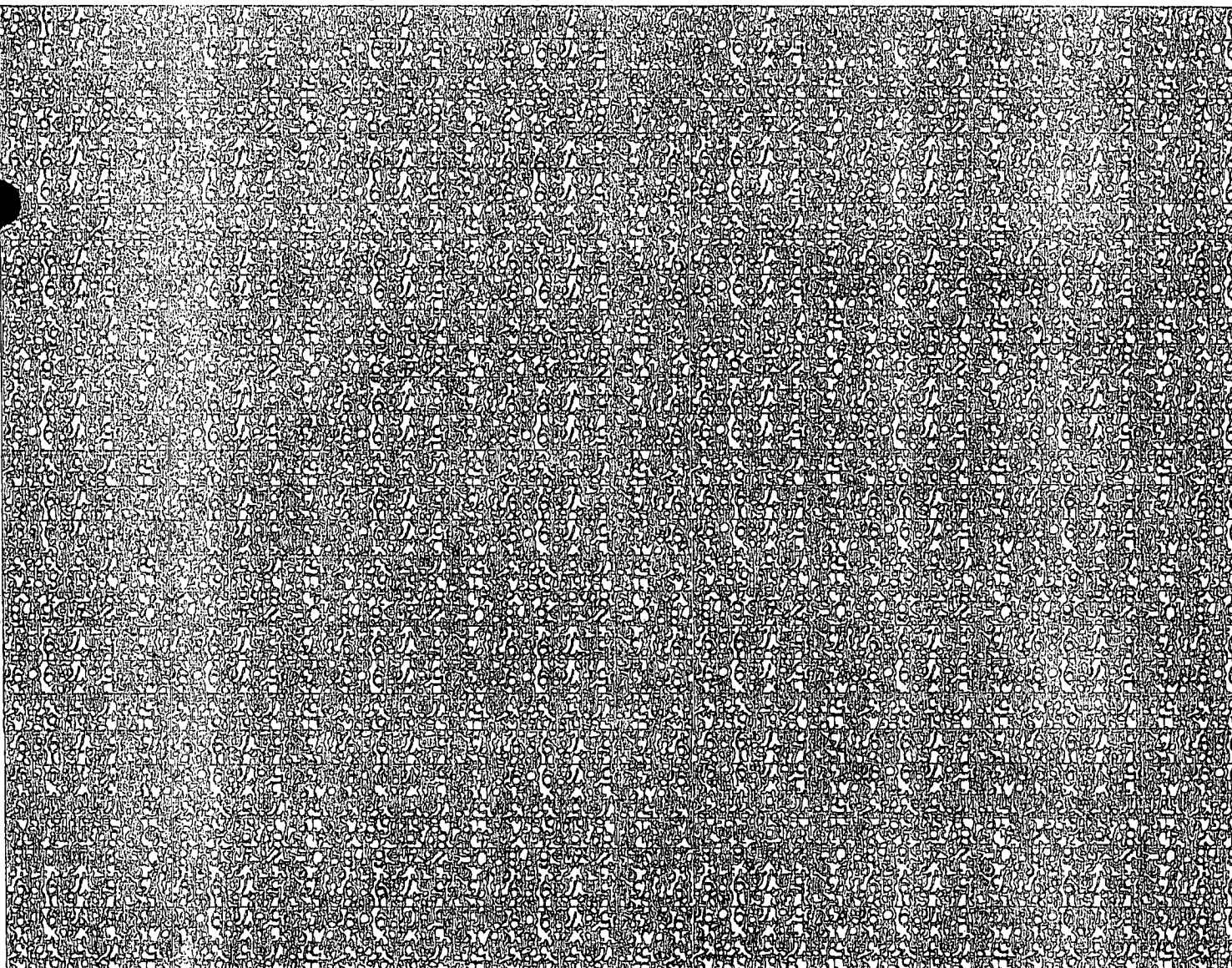
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I have been having trouble with my stomach for a long time. I have been having pain in my stomach and I have been having trouble eating. I have been having trouble sleeping. I have been having trouble with my mood. I have been having trouble with my behavior. I have been having trouble with my relationships. I have been having trouble with my work. I have been having trouble with my school. I have been having trouble with my life.

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PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

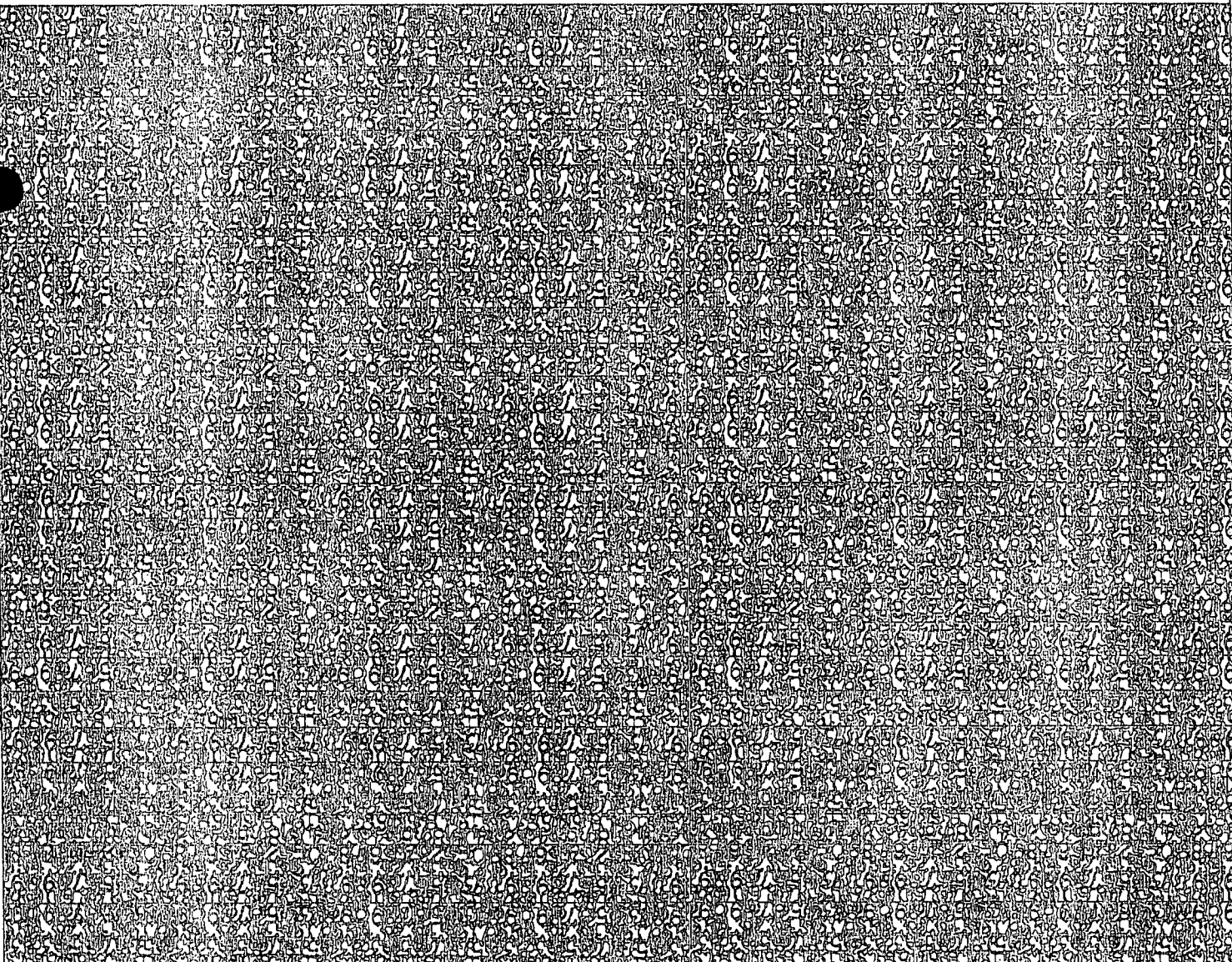
REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME L. A. ...	CDC NUMBER C80316	HOUSING F-1 - 241
PATIENT SIGNATURE L. A. ...		DATE 9-7-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 9, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div 3, has also been changed because of this law.

With some exceptions, **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each doctor visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 90 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for

an emergency.

a communicable disease (such as HIV, AIDS, and TB)

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME L. A. C. D. CDC NUMBER 582516 HOUSING 1-1-28 LPATIENT SIGNATURE [Signature] DATE 11-28-08REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem) 3-17-20051. I have been having trouble with my stomach for a long time. I have been to the doctor and they have said I have a stomach problem. I have been taking medicine but it doesn't seem to be working. I have been having trouble with my stomach for a long time. I have been to the doctor and they have said I have a stomach problem. I have been taking medicine but it doesn't seem to be working.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST
CDC 7360 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 9, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations Title 15, Div. 3, has also been changed because of this law.

With some exceptions, **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. This means if you request dental services and medical services, you will be charged for one visit with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

an emergency.

a communicable disease (such as HIV, AIDS, and TB).

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST

CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 3, 1984, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div 3, has also been changed because of this law.

With some exceptions, **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

an emergency.

a communicable disease (such as HIV, AIDS, and TB).

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing)

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME L. A. C. P. CDC NUMBER 10020 HOUSING 10020PATIENT SIGNATURE [Signature] DATE 10/10/08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had Problem)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 9, 1994, a California State law was passed. That law gave the Department of Corrections the permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div. 2, has also been changed because of this law.

With some exceptions, YOU WILL BE CHARGED a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for

an emergency.

a communicable disease (such as HIV, AIDS, and TB).

mental health services

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

— 1-copy kept on file —

DATE	TO	FROM (LAST NAME)	CDC NUMBER
6-2-08	Doctor	CHAO, M.D.	C82516
HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
Fac. 1-1-	2412		FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)		ASSIGNMENT HOURS	
		FROM TO	

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I was recommended for surgery on my shoulders, replacement of Rotator cups due to severe degenerative Arthritis and pain; why have I not been provided this surgery yet and when can I get it done?

INTERVIEWED BY

Do NOT write below this line. More space is required, write on back.

I'm in pain daily!

DATE

DISPOSITION

11355788

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME LAING CDC NUMBER C82516 HOUSING Rec. 1-1-241PATIENT SIGNATURE [Signature] DATE 6-3-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I am having continuous and severe pain in my shoulders and in my arms. I have been told I have a rotator cuff tear in my right shoulder and I need pain medication to get it under control. I have been told I have a rotator cuff tear in my left shoulder and I need pain medication to get it under control. I have been told I have a rotator cuff tear in my right shoulder and I need pain medication to get it under control.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2**IMPORTANT INFORMATION ABOUT YOUR
HEALTH CARE VISIT****WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?**

On July 9, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations Title 15 Div. 3 has also been changed because of this law.

With some exceptions **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each visit, visit to each doctor. The means of your request (oral services and medical services) you will be charged for the visit, the cost of and the doctor's fee.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse or doctor. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

an emergency;

a communicable disease (such as HIV/AIDS and TB);

mental health services;

to obtain health care services recommended by a doctor, nurse or dentist;

health care services necessary to comply with State law and regulations (e.g., annual TB testing);

reception center screening and evaluation;

inpatient services, extended care or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME LANE, D. CDC NUMBER C82516 HOUSING 1-1-241PATIENT SIGNATURE [Signature] DATE 6-4-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem) I was approved for surgery on my shoulder by Dr. Smith, Dr. Martin, Dr. Skoloff. But have not been provided with the needed surgery. Why? See me A.S.A.P. As my shoulder is not still in pain.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

[Large area for medical notes and staff completion, mostly obscured by noise and artifacts.]

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2**IMPORTANT INFORMATION ABOUT YOUR
HEALTH CARE VISIT****WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?**

On July 9, 1994 a California State law was passed. This law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15 Div. 3 has also been changed because of this law.

With some exceptions **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each visit with each doctor. This means if you request dental services and medical services you will be charged for the visit with the dentist and the doctor/urse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days you will not be charged.

The copayment of \$5.00 for a visit will cover your visit with a doctor, nurse or dentist. It will also cover prescription medicines, laboratory tests and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

an emergency

a communicable disease such as HIV, AIDS and TB.

mental health services

to obtain health care services recommended by a doctor, nurse or dentist

health care services necessary to comply with State law and regulations (e.g., annual TB testing)

inpatient dental screening and evaluation

inpatient services provided care or collect nursing services

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

NAME	CDC NUMBER	HOUSING
1. [illegible]	2. [illegible]	3. [illegible]

PATIENT SIGNATURE	DATE
<i>[Signature]</i>	6-22-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem) Since a year or more of 12 medical shows as
swollen hand by doctor because I can't
move it's hard for me to walk in the
house. I can't do any thing at home
now. I am asking (Thank you)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

The image shows a dark, heavily textured surface, likely the cover or endpaper of an old book. The texture is grainy and uneven, with many small, light-colored specks and fibers visible against the dark background. A small, dark circular hole is present on the left edge, about one-third of the way down. The overall appearance is aged and worn.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST

CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 9, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations Title 15 CCR 3 has also been changed because of this law.

With some exceptions, **YOU WILL BE CHARGED** a fee called a \$5.00 copayment fee for each fee or care visit that you request. This includes requests made for you by department staff, your family or your attorney. If you request services that require more than one doctor, you will be charged for each visit with each doctor. This means if you request extra services and more services, you will be charged for the visit with the center and the doctor's fee.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 will cover your visit with a doctor, nurse or center. It will also cover medicine, medicines, secretary fees and referrals to other centers.

YOU WILL NOT BE CHARGED for health care visits that are for:

an emergency;

a communicable disease such as HIV, AIDS and TB

mental health services

in order to health care services requested by a doctor, nurse or center

health care services necessary to comply with State law and regulations, e.g., article 17 testing

reception center screening and evaluation

custodial services, extended care or other housing services

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

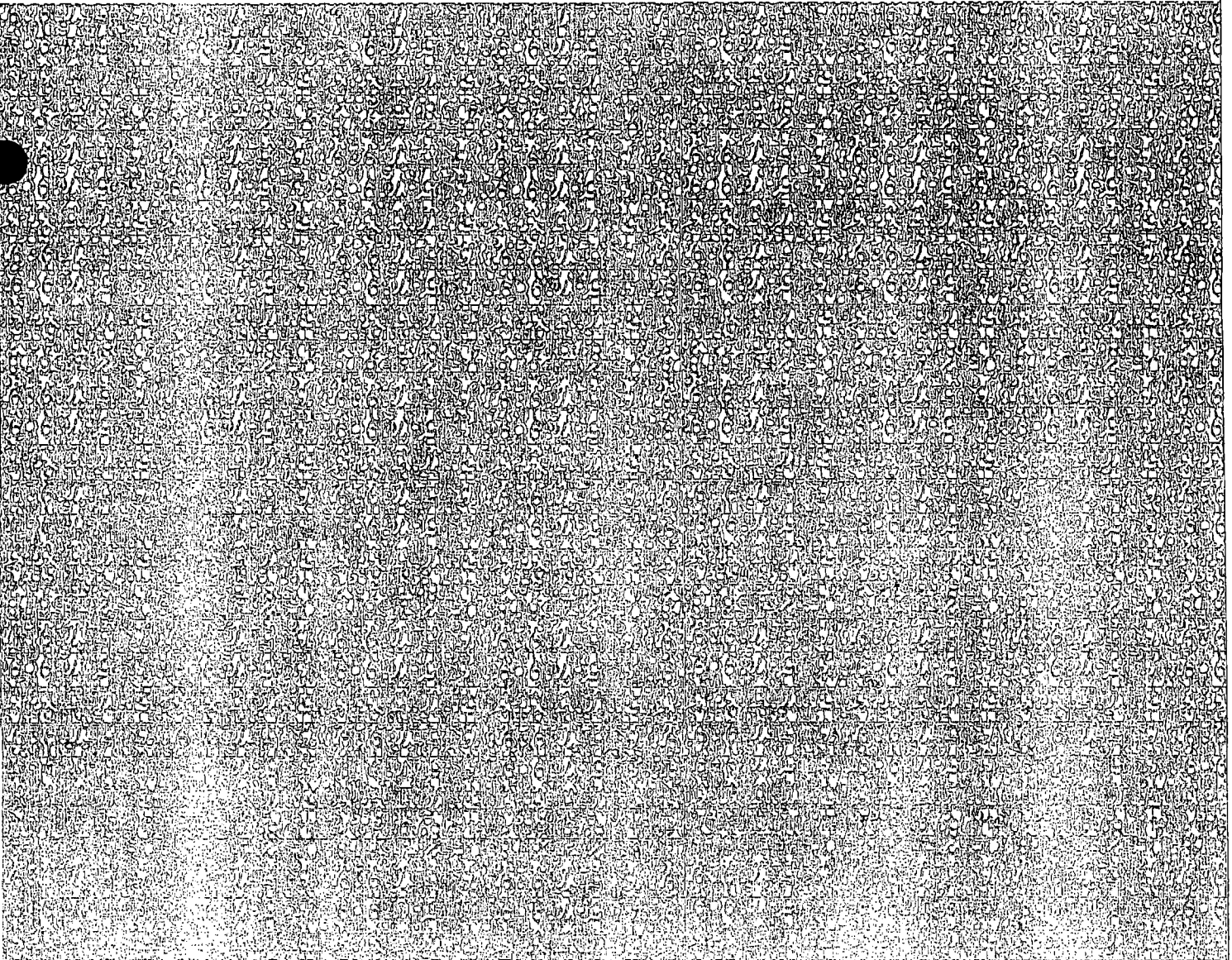
If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME *W. B.* CDC NUMBER *582516* HOUSING *Rec. 100-246 L*PATIENT SIGNATURE *W. B.* DATE *6-22-08*

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem)

*I have been having problems with my back for about 4 weeks. It is very painful and I am unable to move. I have been to the doctor and he has given me painkillers but they are not working.**I have been having problems with my back for about 4 weeks. It is very painful and I am unable to move. I have been to the doctor and he has given me painkillers but they are not working.**I have been having problems with my back for about 4 weeks. It is very painful and I am unable to move. I have been to the doctor and he has given me painkillers but they are not working.**I have been having problems with my back for about 4 weeks. It is very painful and I am unable to move. I have been to the doctor and he has given me painkillers but they are not working.*NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM *Thank you*

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2**IMPORTANT INFORMATION ABOUT YOUR
HEALTH CARE VISIT****WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?**

On July 9, 1994 a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15 D, 3, has also been changed because of the law.

With some exceptions **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you or departmental staff other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. Thereafter if you request certain services and medical services, you will be charged for the visit with the dentist and the doctor/urse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for a visit will cover your visit with a doctor. It also covers prescriptions, medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

an emergency

a communicable disease (such as HIV, AIDS, and TB)

mental health services

to obtain health care services recommended by a doctor nurse or dentist

health care services necessary to comply with State law and regulations (e.g., annual TB testing)

inpatient center screening and evaluation

residential services, extended care, or skilled nursing services

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

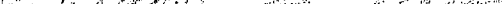
HEALTH CARE SERVICES REQUEST FORM

Page 39 of 40
DEPARTMENT OF CORRECTIONS

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

NAME LANG, D.	CDC NUMBER C82514	HOUSING F-1-1-2914
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PATIENT SIGNATURE	DATE
	6-30-09

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) Mrs. Roberts - I went to the Post Office where working at medical shoes for me and then a month ago since he was all the time. I think it's still there now as a result but when you have a long - please! Please tell me what the situation is.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

This image displays a dense, repeating pattern of small, stylized, human-like figures or shapes, possibly a woodcut or a heavily textured surface. The pattern is uniform across the entire frame, with a high-contrast, black and white aesthetic. The figures are arranged in a grid-like fashion, creating a complex, textured appearance. A small, dark, circular mark is visible in the upper left corner, and a faint vertical line runs down the center of the image.

HEALTH CARE SERVICES REQUEST
CDC 7266 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 8, 1986, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div 3, has also been changed because of this law.

With some exceptions, YOU WILL BE CHARGED a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for an initial visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for

an emergency.

a communicable disease (such as HIV, AIDS, and TB)

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.